

# RMD Bulletin

## Knowledge is power...



### SHORT-DOYLE/MEDI-CAL PHASE II: NEW PREGNANCY INDICATOR

With the implementation of Short-Doyle/Medi-Cal Phase II, the State Department of Mental Health is now requiring information about the condition of the client if a service was provided to a Medi-Cal beneficiary with a restricted aid code specific to pregnancy. If the client has a Pregnancy or Emergency/Pregnancy Medi-Cal Aid Code and is pregnant at the time of service, then the new pregnancy check box must be checked on the Integrated System (IS) outpatient claim screen as shown below. Providers must run an eligibility check to identify if the client has a restricted Medi-Cal aid code before checking the pregnancy check box. The Aid Codes Manual can be found at:

[http://www.dmh.ca.gov/MedCCC/docs/CA\\_DMH\\_Aid\\_CodesMasterChartRev\\_10Feb11.pdf](http://www.dmh.ca.gov/MedCCC/docs/CA_DMH_Aid_CodesMasterChartRev_10Feb11.pdf).

**EDI providers must also report this information!!!**

**Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH**

Home Clinical Administrative Plan CIOB

### Add Outpatient Claim

**Options**

- Return
- Check Eligibility
- Service

Client Benefits:  Staf: 0

Service Date: 02/01/2010 Procedure: M0064 Mod1: Mod2: Unit Type: MJ Units: 55 Rate: 6.20

Claim Amount: 341.00 Late Code:

SOC Obligation:  Medi-Cal ☒ EVC: 9 SED Healthy Families ☐

Service Facility Address ☐ EPSDT Scr Ref ☐ Emergency ☐ Pregnancy ☐ Dup Override ☐

Claim Plans:

Plan	Pay Order
1	

Medicare / Other Insurance:

Payer	Paid Amount	SubscriberID
1		

Submit Save Cancel

**We're here to help you...**

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or via e-mail at [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).